

**BUREAU OF MOTOR VEHICLE SERVICES**

**301 C Street, N.W.  
Washington, D.C. 20001**

**EYE REPORT**

**PERMIT #** \_\_\_\_\_

**APPLICANT'S NAME** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**VISION**      **RIGHT EYE**      20/\_\_\_\_\_  
**WITHOUT**    **LEFT EYE**      20/\_\_\_\_\_  
**GLASSES**   **BOTH EYES**    20/\_\_\_\_\_

**\* VISION**      **RIGHT EYE**      20/\_\_\_\_\_  
**WITH**          **LEFT EYE**      20/\_\_\_\_\_  
**GLASSES**      **BOTH EYES**    20/\_\_\_\_\_

**\* If vision is improved to meet Motor Vehicle standards with glasses but glasses are not prescribed or recommended for driving, state reason.**  
\_\_\_\_\_

**FIELD OF VISION:**      To be measured in the horizontal  
                                    meridian by confrontation or  
                                    perimetry, both eyes open.

**TOTAL DEGREES** \_\_\_\_\_

**If applicant is under treatment for glaucoma and/or cataracts, please advise of treatment and any restrictions:**  
\_\_\_\_\_

**Is there any limitation of field, ocular movement or ocular disease which would limit applicant's ability to drive an automobile safely?**      ☐ Yes      ☐ No

**If "YES" explain** \_\_\_\_\_

**If there is an indication that applicant's visual functions might deteriorate below the minimum standards of the District of Columbia (DCM-Regulation No. 106.5, April 1981) within the usual licensing period of four years, indicate by circling one of the following when eyes should be rechecked.**

**SIX MONTHS**      **ONE YEAR**      **TWO YEARS**      **THREE YEARS**

\_\_\_\_\_  
**OPHTHALMOLOGIST or OPTOMETRIST**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**DATE OF EXAMINATION**

**(EXAMINATION MUST HAVE  
BEEN WITHIN 90 DAYS OF  
DATE PRESENTED TO MOTOR  
VEHICLE SERVICES).**